

## **AMENDMENTS**

This listing of the claims will replace all prior versions, and listing, of claims in the application or previous response to office action:

### **LISTING OF CLAIMS**

1. (Previously presented) An electrosurgical instrument for removing tissue from a target site within or on a patient's body comprising:
  - (a) a shaft having a proximal end portion and a distal end portion, and an active electrode comprising a substantially flat active screen electrode disposed on the distal end portion of the shaft;
  - (b) a return electrode arranged on the shaft, and spaced from the active screen electrode;
  - (c) at least one electrical connector extending through the shaft and having an end that is proximal to the flat screen;
  - (d) at least one electrical coupling member adapted to secure the active screen electrode to the shaft and to electrically couple the active screen electrode to said at least one electrical connector; and
  - (e) an aspiration lumen disposed within the shaft and having a distal opening coupled to the active screen electrode wherein the active screen electrode inhibits clogging of the aspiration lumen.
2. (Previously presented) The instrument of claim 1 wherein the active screen electrode comprises at least one aperture for passage of tissue fragments and fluid therethrough.
3. (Previously presented) The instrument of claim 1 wherein the active screen electrode is disposed on a lateral side of the shaft.
4. (Previously presented) The instrument of claim 1 further comprising an electrically insulating support member upon which the active screen electrode is mounted.

5. (Previously presented) The instrument of claim 4 wherein the support member defines an axial opening in communication with the aspiration lumen, and a lateral opening in contact with the active screen electrode.

6. (Previously presented) The instrument of claim 1 wherein the return electrode is comprised of an annular member.

7. (Previously presented) The instrument of claim 1 wherein the return electrode is spaced from the active screen electrode such that, when the active screen electrode is brought adjacent to a tissue structure immersed in an electrically conductive fluid, the active screen electrode is positioned between the return electrode and the tissue structure, and the electrically conductive fluid completes a conduction path between the active screen electrode and the return electrode.

8. (Previously presented) The instrument of claim 7 wherein the active and return electrodes are configured, upon the application of a sufficiently high frequency voltage therebetween, to vaporize the conductive fluid in a thin layer over at least a portion of the active electrode, and to induce the discharge of energy from the vapor layer.

9. (Previously presented) The instrument of claim 1 wherein said at least one electrical coupling member comprises a ballwire.

10. (Original) The instrument of claim 1 wherein said at least one electrical coupling member comprises a plurality of electrical coupling members.

11. (Previously presented) The instrument of claim 2 wherein said at least one aperture comprises a plurality of apertures.

12. (Original) The instrument of claim 11 wherein said apertures are circular.

13. (Previously presented) The instrument of claim 11 wherein said apertures comprise corners.

14. (Original) The instrument of claim 13 wherein said apertures are rectangular.

15. (Previously presented) The instrument of claim 4 further comprising a cap arranged on the distal end portion of the shaft wherein said cap comprises an opening that receives said insulating support member.

16. (Previously presented) A method for treating target tissue whereby a portion of the target tissue is removed, comprising the steps of:

advancing a probe comprising a proximal end, a shaft, a distal end portion, and a substantially flat active screen electrode secured on the distal end portion of the probe such that the active electrode is positioned in close proximity to the target tissue, said probe further comprising at least one electrical connector extending through said shaft and terminating proximal to said screen electrode, and wherein said screen electrode is electrically coupled and mechanically affixed to said probe by a coupling agent;

delivering to the target tissue an electrically conductive fluid;

applying suction to an aspiration lumen disposed within the probe to remove ablated material from the target site, the aspiration lumen being in fluid communication with openings in the screen of the active electrode; and

applying a high frequency voltage between the active electrode and a return electrode to ablate tissue at the target site,

whereby the screen electrode inhibits clogging of the aspiration lumen.

17. (Original) The method of claim 16 wherein said target tissue is within a joint.

18. (Original) The method of claim 17 wherein said tissue is selected from the group consisting of meniscus, synovial tissue, and articular cartilage.

19. (Original) The method of claim 16 wherein said aspiration lumen is connected with a vacuum source to aspirate material through said aspiration lumen.

20. (Previously presented) The instrument of claim 15 wherein said cap is adhered to the return electrode.

21. (Cancelled)

22. (Previously presented) The instrument of claim 1 wherein the return electrode is arranged on said distal end portion and is ring shaped.

23. (Previously presented) The instrument of claim 1 further comprising a liquid supply lumen adapted to supply liquid to the distal end portion of the shaft.

24. (Previously presented) The method of claim 16 wherein said tissue is a tissue selected from the group consisting of the tonsils and adenoids.

25. (Previously presented) The method of claim 16 wherein said screen is attached to said distal end without a press-fit.

26. (New) A method for treating target tissue whereby a portion of the target tissue is removed, comprising the steps of:

advancing a probe comprising a proximal end, a shaft, a distal end portion, and a substantially flat active screen electrode secured on the distal end portion of the probe such that the active electrode is positioned in close proximity to the target tissue, said probe further comprising at least one electrical connector extending through said shaft and coupled to said screen electrode, and wherein said screen electrode is electrically coupled and mechanically affixed to said probe without a press-fit;

delivering to the target tissue an electrically conductive fluid;

applying suction to an aspiration lumen disposed within the probe to remove ablated material from the target site, the aspiration lumen being in fluid communication with openings in the screen of the active electrode; and

applying a high frequency voltage between the active electrode and a return electrode to ablate tissue at the target site,

whereby the screen electrode inhibits clogging of the aspiration lumen.